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CONFIRMATION NO. 1330

Bib Data Sheet

SERIAL NUMBER 10/672,833	FILING OR 371(c) DATE 09/26/2003 RULE	CLASS 600	GROUP ART UNIT 3735	ATTORNEY DOCKET NO. NNI-0005
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## APPLICANTS

Mark Edward Riehl, Doylestown, PA;

## \*\* CONTINUING DATA \*\*\*\*

This appln claims benefit of 60/452,477 03/07/2003

## \*\* FOREIGN APPLICATIONS \*\*\*\*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*  
 \*\* 12/18/2003

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY PA	SHEETS DRAWING 26	TOTAL CLAIMS 69	INDEPENDENT CLAIMS 3
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input checked="" type="checkbox"/> Met after allowance	Examiner's Signature	Initials		

## ADDRESS

23377

## TITLE

Reducing discomfort caused by electrical stimulation

FILING FEE RECEIVED 881	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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